

NH Governor's Commission on the Healthcare Workforce Shortage

**Exeter Health Resources
Medical Assistant Training Initiative**

The Problem

- Changes in structure and staffing of primary care offices to support population health management now requires team orientation with staff working to “top of license”- which means more medical assistants.
- Meaningful Use requirements of the Affordable Care Act require that only “certified” medical assistants can enter information into EMR systems in order for that information “to count.”

The Problem – Winter 2014

- Core Physicians- 65,000 patients seen per year, 160 physicians and providers- needs about 25 new MA's RIGHT NOW!
- MA training programs traditionally were OJT- not certified eligible – although we “found a way” for many employed staff.
- Credentialed MA programs require Associates degree – 2 year program
- We can't wait that long!
- At the time – a 3.5% unemployment rate- lower on the Seacoast

The Solution

- Visit to Great Bay Community College
- Quick pivot by them from credit to non-credit learning:
 - Increases speed of process
 - Decreases access to student financial assistance
 - Decreases ability to transfer learning into credits toward degree attainment
- Exceptional turnaround timeframe by GBCC and our team!

The Process

- Program recruitment is a joint initiative:
 - Core Physicians hires students based on employment criteria- cultural fit
 - GBCC screens students for educational readiness and requires completion of Work Ready Program- for work culture enhancement
- Clinical competencies were jointly developed by Core and GBCC MA faculty and divided into classroom training and clinical rotation settings. A 12 week program – 8 weeks classroom, 4 weeks clinical rotation in Core office.
- Competencies on clinical rotation will need modification as more providers outside Core participate.

Additional Needed Incentives

- Recognizing low unemployment rate – ‘War for Talent’ – Core provides students:
 - Guaranteed placement upon successful completion at market rate
 - Pay at a “training wage” during both classroom and clinical rotation learning settings
 - Full benefit program participation on Day 1
 - 60% payment of GBCC tuition, in exchange for work commitment for two years.

The Outcome

- 34 students through the program in 20 months, 29 still with Core (1 moved out of state, 2 pursuing additional training in medicine, 2 not good fits)
- Virtually no medical assistant openings at Core, previous vacancy rate was 20%
- Reduced turnover in MA's at Core, statewide average 20-25%, Core 15%
- Core spends upwards of \$7,000 per student, students incur upwards of \$2,500 in tuition – total training and employment costs approaching \$250,000 for Core.
- Training program which just began September 2016 – the first time Core did not have the majority of students in the class – 6/16.

The Need

- An ability to transition this education into credits toward advanced medical licensure status – LNA, LPN, RN.
- The ability to transition other “traditional” educational learning structures to more efficient models - better, faster, cheaper.
- Exeter Hospital recently used this model to train LNA’s, through the Red Cross at GBCC.
- Greater employer costs in training and creating a labor market supply of needed, but entry level staff. This used to be free!

The Ask

- Core/ Exeter Hospital is not eligible for DOL training funds due to “reimbursable status” of unemployment compensation fund - common among not-for-profit employers.
- DOL is encouraging Apprenticeship Program participation, without benefit to the healthcare industry as currently structured.
- Financial assistance from Gateway to Work Program would help both students and employers underwrite cost of training, decreasing the probability that these students fall into poverty in the future.
- The ability to transition this education into credits toward advanced medical licensure status helps students.
- The ability to transition other “traditional” educational learning structures to more efficient models – better, faster, cheaper.